

NATIONAL Assessment Centre Services. Part 1 Job only : SM092138000E

Date In: 8/3/21 17:34	Job description	Date & Time Completed	Done by
Ref No: NAL AIG 2100 3055164	SAS e-ling		
Veh No: SLX 8690L	E-mail (within 3hrs, AIG 2hrs)		
IP: 613121 08:30	I-Motor Claim Form		
(IP) Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/WKSP		

Preferred Wksp / INC Assign Wksp / OW: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: FBN 8623C	INC () / Non-INC ()	
Owner / Driver: ()	Tel: ()		
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by: ()		Date: ()	Time: ()
Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%]			
Year of Registration: () Warranty: YES () / NO ()			
Excess: (\$) Loading: \$1,000 () / \$2,000 ()			
General Comments:			
() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repolar.			
() Total Loss Case : to e-mail Insurer URGENTLY.			
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()			

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date of Job:	Actions:

NA 2102017		Invoice Item / Description / Amount / Tax / Total	
Client/Owner:		1) AR: Accident Reporting (\$30)	30
Contact No:		2) DA: Damage Assessment (\$100)	INC (\$100)
Damaged Portion:		3) TP: Towing Fee	\$40/\$45
QC Checked by (Engr-In-Charge):		4) PT: Follow-Through Survey	\$120
		5) PT: Follow-Through Survey (Resurvey)	\$30
		For claiming against INC Only (wa 10 Jan 2002)	
		6) TR: Re-inspection	\$75
		7) NI: Idea DA + SMRT Survey	\$160
		8) NTUC Additional Services:	
		OD:	
		*N5: Courtesy Car / Tpt Allowance	\$3
		*N6: Repair Coordination	\$10
		*N7: Post Repair Inspection	\$25
		*N8: DV / Collect Excess Coordination	\$3
		TP (N11): TP (Non INC) against INC	\$20
		9) N12: Idea Mobile	30
		Invoice dated	Fee Charged
		Invoice dated	Fee Charged

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	08/03/2021 17:34 (SGT)
Date of Accident	06/03/2021 08:30 (SGT)
Exact Location of Accident	Dunearn Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX8690L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SONG SHIWEI
NRIC No	SXXXX113I
Email Address	JIE.CHANG@GMAIL.COM
Mobile Phone No	(Phone) +65-97391052
Alternative Phone No	+65-97391052

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Impreza
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1800038957-02
Cover Note Number	-

DRIVER

Name of Driver	CHANG JIE
NRIC No	SXXXX291B
Date Of Birth	03/04/1975
Occupation	Indoor

Date Of Driving Pass	06/12/2013
Driving experience	7 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98298706
Alt. Phone Number	-
Email Address	JIE.CHANG@GMAIL.COM
Address	28 SHELFORD RD #B1-08
Address complement	-
Postcode	288422
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SONG SHI WEI
Gender	Female

PASSENGER 2

Name	CHANG YU JIA
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBN8623C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SONG SHIWEI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SLX8690L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	CHANG YU JIA
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SLX8690L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	CHANG JIE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SLX8690L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

Mar 6 2021



Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

A blank sheet of graph paper with a grid pattern. The grid consists of small squares formed by horizontal and vertical lines. There are approximately 20 columns and 25 rows of squares. The lines are thin and black, set against a white background. The grid covers most of the page, leaving some margins at the top, bottom, and sides.

Diagram illustrating a sequence of points A and B on a grid. Point A is marked with a house icon and labeled 'A'. Point B is marked with a circle icon and labeled 'B'. Arrows indicate a path from A to B. To the right of the grid, the coordinates are listed: A: SLX8690L and B: FBN8623C.

I was travelling on Duncarn Rd towards Newton Rd after Whiteley Road. The traffic was smooth.

I was travelling in the most right lane.

Suddenly, I felt an impact from the side of my vehicle. I got down and see, motor vehicle B had hit onto the left rear portion of my vehicle.

I/We declare the foregoing particulars are true in every respect.



CERTIFICATE OF INSURANCE

SUBARU AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Song ShiWei
Period of Insurance : 14 Apr 2020 To 13 Apr 2021
Engine No. : FB20YC61662
Chassis No. : JF1GT7KL5JG030079

Vehicle No. : SLX8690L
Policy No. : 1800038957-02
Endorsement No. :
Issued Date : 09 Mar 2020

ABOUT THE COVER

Make/Model : SUBARU IMPREZA 2.0I-S EYESIGHT AWD CVT (4dr/5dr)
Engine Capacity/Tonnage : 1,995.00 CC Sum Insured : Market Value First Year of Registration : 2018
Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : Yes
Person or Classes of Persons Entitled to Drive* :

a) The Policyholder
b) Any other person who is driving on the Policyholder's order or with his/her permission.
This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 40 years old and above

Limitation as to use* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1
Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$800

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Song ShiWei - \$800 (Own Damage), \$800 (Flood Cover)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. Motor Image Enterprises Pte Ltd Add: 19 Lorong 8 Toa Payoh Singapore 319255 64170100

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK LTD

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500619207

TAN CHONG CREDIT SUBARU-ANT

913 BUKIT TIMAH ROAD

SINGAPORE 589623

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SSPOCC

100308917/ACQ

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

Accident details

Date and time of accident	Date: 06/03/21 (DD/MM/YY) Time: 0830 Hrs (HH:MM)
Exact location of accident	Dunearn Road (towards Newton Hgover) after Whitley road.

Details of vehicle

Vehicle registration number	SLX 8640L
Vehicle make and model	Subaru IMPREZA 2.0
Type of vehicle	Saloon <input checked="" type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle <input type="checkbox"/>
Purpose of using at said time	Traveling
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

Insurance information

Insurance company	AIK
Policy number	1800038957-02
Type of policy	Comprehensive <input checked="" type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

Insured / Policy holder

Name	SONG SHI WEI	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
NRIC / Fin / Passport number	572671131	
Contact	9739 1052	
Address	28 SHELFORD ROAD #B1-08 Sg 288422	

Driver

Same as insured above ☐ (skip to D.O.B)

Name	CHAN G JIE	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	57566291B	
Contact	9829 8706	
Address	28 SHELFORD ROAD #B1-08 Sg 288422	
Email address	Jie.chang@gmail.com	
Date of birth	03041975	
Occupation	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>	
Driving date pass	06 Dec 2013	

Email : jie.chang@gmail.com

General information of the accident

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	3. (Inclusive of driver)

Passenger 1

Name	SONG SHI WEI
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

Passenger 2

Name	CHANG JIE
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

Passenger 3

Name	CHANG YU JIA
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

Passenger 4

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 5

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 6

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Other information

Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Details of police action

Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	

Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	FBN 8623C.
Vehicle make model	

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

Name	
------	--

Witness 2

Name	
------	--

Injured person 1

Name	CHANG JIE
Injuries sustained	NECK.
Which vehicle person in?	SLX8690L.
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Injured person 2

Name	SONG SHI WEI
Injuries sustained	BACK AND NECK.
Which vehicle person in?	SLX8690L.
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Injured person 3

Name	CHANG YU JIA.
Injuries sustained	NECK
Which vehicle person in?	SLX8690L.
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Injured person 4

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>